TOWN OF DARIEN, CONN. APPLICATION FOR EMPLOYMENT (Please print or type)

1. Kind of position you desire:			2. Lowest pay you will accept: \$ Per:					
3. NAME: (Last, first, middle)			4. ADDRESS: Number & Street, R.D. or P.O. Box					
4. CITY, STATE, and ZIP CODE:			6. Home Telephone: 7. Business Telephone:		elephone:			
8. When will you be available:			9. Will you accept: YES NO Temporary Work: [] [] Part-Time Work: [] []					
10. Place of Birth: (City, State, Country)			11. Social Security Number:					
12. Are you 18 yrs. of age or older? YES [] NO []			13. Are you a high school graduate? YES [] NO []					
14. Schools attended other	Location		Course or	Credits	Completed	Degree or		
than high school	(State)		Major Studied		Completed	Certificate		
15. Other training you received (for example, special courses, work training programs, armed forces training). (Please estimate the number of hours of training you received.)								
16. U.S. Military or Naval Service:	Rank:	Preser	Present Membership in National Guard or Reserves					
17. Do you have friends or relatives working here?			If yes, list name and relationship to you.					
18. Are you either a U.S. Citizen or an alien authorized to work in the United States? YES [] NO []								
19. Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?								

20. Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? You may omit: (1) traffic violations for which you paid a fine of \$30.00 or less; and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender law... YES [] NO []

If your answer is "Yes", give details. Show for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken. NOTE: A conviction does not automatically means you cannot be appointed. What you were convicted of, and how long ago, are important. Give all the facts so that a decision can be made.

l	position(s) for w	hich you are apply:		vould have knowledge of your qualifications for the co-workers, teachers, etc. Do not repeat names of		
super	visors list under	Experience.				
NAN	NAME BUSINESS OR HOME ADDRES		OME ADDRESS	BUSINESS OR OCCUPATION		
j	obs, etc. Is it OK	Cif we check with y	our present super	Include paid or unpaid , full or part-time, military, summer visor? YES[] NO[] ify your descriptions of past duties.		
Starting date	Ending date		ess of Present or La			
Starting salary	Ending salary	Hours per wk.	Name, Title, and	Phone Number (if known) of your immediate supervisor.		
Reasons for leav	,	. I				
Description of d	uties and respon	nsibilities:				
		T	_			
Starting date	Ending date	Name and addre	ess of Present or La	st employer:		
Starting salary	Ending salary	Hours Per wk.	Name, Title and	phone number (if known) of your immediate supervisor		
Reasons for Leav	ving:					
Description of d	uties and respon	sibilities				
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Starting date	Ending date	Name and address of Present or Last employer:				
Starting salary	Ending salary	Hours Per Wk.	Name, Title, and	phone number (if known) of your immediate supervisor		
Reasons for Leav	,					
Description of d	uties and respon	sibilities				
Details of #20, if	any:					

EMPLOYEE CERTIFICATIONS AND AGREEMENTS

I understand that a positive and properly confirmed drug test for controlled substances or refusal to submit to a drug test is grounds for denial and if a properly confirmed pre-employment drug test is reported after I have begun employment, it may be grounds for termination of any employment for just cause under the terms of any applicable collective bargaining agreement.

I authorize representatives of the Town of Darien to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background. I authorize my previous employers, references, and persons with knowledge of my work history and background to provide pertinent information to and hereby release all such persons and waive any and all claims, demands or causes of action whatsoever, in connection with the request for and release of such information.

I certify that the information on this job application is true and complete to the best of my knowledge. I understand that any willful omissions or falsifications will be reason for withdrawal of a job offer if the omission or falsehood is discovered before I begin employment, and if discovered after I have begun employment, it may be grounds for termination of my employment for just cause under the terms of any applicable collective bargaining agreement. I authorize any investigation into the statements I have made in this application as necessary to arrive at an employment decision.

All employees of the Town of Darien have the right to resign from their jobs at any time, or for any reason or for no reason at all, with or without advance notice. The Town of Darien retains the same right with respect to termination of any employee's employment. No department head, supervisor or other individual of the Town of Darien has authority to make a commitment of guaranteed or continuing employment to you, and no document or publication of the Town of Darien should be interpreted to make such a guarantee. NOTHING STATED BY THE TOWN OF DARIEN, IN WRITING OR ORALLY, DURING THE INTERVIEW AND/OR HIRING PROCESS IS TO BE CONSTRUED AS CREATING A CONTRACT BETWEEN THE APPLICANT AND THE TOWN OF DARIEN.

I have read, understand and agree to the foregoin	g.	
		
Signature of Applicant	Date	